## Automatic Transfer Authorization

Johnson Memorial Health Services 1282 Walnut Street Dawson, MN 56232 320-769-4393

Transfer From: (Name of your Bank)		
Account Number Name on Account _		
Type of Account:	[ ] checking [ ] sav	ings
Transfer To:	Minnwest Bank – Central 579 Pine Street Dawson, MN 56232	091915793
Account Number Account Title	13805 Johnson Memorial Health	n Services
Amount:		
Frequency: Mo	onthly Effective Date	::
sufficient balances to cover s	Bank to transfer funds as indicated above, such transfers. I (We) agree that the right same as if it were a withdrawal personally	s of the Bank with respect
DATE CU:	STOMER SIGNATURE CUS	STOMER SIGNATURE